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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

		CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR SMALL E	
	FOR NUMBER FILED NUMBER EXTRA			R EXTRA	RATE	FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))			s	OR		s			
OTAL CLAIMS 37 CFR 1.16(c))			minus 20 = *		x \$=		OR ·	x s=		
(DEPENDENT CLAIMS		vis .	minus 3 =			x s=	_	OR	x \$=	
IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$ _=		OR	+\$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
		LAIMS AS AM				·		•		
		(Column 1)	CINDED	(Column 2)	(Column 3)	SMALL E	ENTITY	OR	OTHER SMALL	
)		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		: RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	. 8	Minus	- 75	-0	x \$=		OR	x \$=	
	Independent (37 CFR 1,16(b))	8.	Minus	··· 6	= 1	X \$=		OR .	x \$ 86=	172
Ž	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$=		OR ,	+s=		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L'FEE	ノクズ
		(Cotemn 1)		(Column 2)	(Column 3)					•
		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		. RATE	ADDI- TIONAL
z		AMENDMENT	<u> </u>	PAID FOR				4		FEE
OMENT	Total (37 CFR 1.16(c))		Minus	••	±	X \$=		OR	x s=	FEE
ENDMENT			Minus		=	x \$=		OR OR	x s=	FEE
AMENDMEN	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	AMENDMENT	Minus	**	, E			1		FEE
AMENDIVIENT	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	AMENDMENT	Minus	**	, E	x \$=		OR	x \$=	FEE
AMENDMENT	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	AMENDMENT	Minus	**	= FR 1.16(d))	X \$ = TOTAL ADDL FEE		OR OR	x \$= + \$_= TOTAL	FEE
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	AMENDMENT   TATION OF MULTIPL	Minus	ENT CLAIM (37 CF	= FR 1.16(d))	X \$ = TOTAL ADDL FEE	ADDI- TIONAL FEE	OR OR	x \$= + \$_= TOTAL	ADDI- TIONAL FEE
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	(Column 1)  CLAIMS REMAINING AFTER	Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY	(Column 3)	X \$ = TOTAL ADD'L FEE	TIONAL	OR OR	X \$= +\$= TOTAL ADD'L FEE	ADDI- TIONAL
	(37 CFR 1.16(e)) Independent (37 CFR 1.16(b)) FIRST PRESENT	(Column 1)  CLAIMS REMAINING AFTER	Minus E DEPEND	(Column 2) HIGHEST NUMBER PREVOUSLY PAID FOR	(Column 3) PRESENT	X \$ = +\$ = TOTAL ADD'L FEE	TIONAL	OR OR OR	X \$=  +s=  TOTAL ADD'L FEE	ADDI- TIONAL
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) FIRST PRESENT Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(c))	(Column 1)  CLAIMS REMAINING AFTER	Minus E DEPEND Minus Minus	(Column 2) HIGHEST NUMBER PREVOUSLY PAID FOR	(Cotumn 3) PRESENT EXTRA	X \$ = TOTAL ADD'L FEE  RATE  X.\$ =	TIONAL	OR OR OR	X \$=  +\$=  TOTAL ADD'L FEE  RATE  X \$=	ADDI- TIONAL
AMENUMEN : AMENUMEN I	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) FIRST PRESENT Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(c))	(Column 1)  CLAIMS REMAINING AFTER AMENOMENT	Minus E DEPEND Minus Minus	(Column 2) HIGHEST NUMBER PREVOUSLY PAID FOR	(Cotumn 3) PRESENT EXTRA	X \$ = +\$ = TOTAL ADD'L FEE  RATE  X.\$ = X \$ =	TIONAL	OR OR OR	X \$ =  +\$ =  TOTAL ADD'L FEE  RATE  X \$ =  X \$ =	ADDI- TIONAL

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPL	ICATION FEE	DRD / Dication or Docket Number								
	65	631	6							
CL	aims as filed	SMAL	L ENTITY	OTHER THAN						
FOR	(Column 1) (Column 2)  NUMBER FILED NUMBER EXTRA			TYPI		OR				
	NOWBER FILED	NOMBER	EXTHA	RATE	FEE		RATE	FEE		
BASIC FEE					345.00	OR		690.00		
TOTAL CLAIMS	27 minus	s 20= · /	7	X\$ 9=		OR	X\$18=	126		
INDEPENDENT CLAIMS	ک minu	s 3 = '		X39=	-	┨ ̄	X78=	126		
MULTIPLE DEPENDENT		┩	OR	<b> </b> -						
* If the difference in col	+130=		OR	+260=	<u></u>					
·	IS AS AMENDE			TOTAL		OR	TOTAL	L		
,	umn 1)	(Column 2)	(Column 3)	SMAL	L ENTITY	OR	OTHER SMALL			
CI CI	AIMS IAINING	HIGHEST NUMBER			ADDI-	7 I		ADDI-		
	FTER NOMENT	PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL		
Total • Independent •	Minus	. 66	= 4	X\$ 9=		OR	X\$18=	72		
Independent	4 Minus	3	= /	X39=	1		X78=	80		
FIRST PRESENTATION	ON OF MULTIPLE DE	PENDENT CLAIM			-	OR	X/0_	00		
			•	+130=	·	OR	+260=			
•		٠		TOTA ADDIT. FEI	- 0	OR	TOTAL ADDIT. FEE	[752		
	umn 1) AIMS Faster aus	(Column 2)	(Column 3)							
O REM	AINING TER	NUMBER PREVIOUSLY	PRESENT	RATE	ADDI-			ADDI-		
AMEN	IDMENT	PAID FOR	EXTRA	FAIE	TIONAL		RATE	TIONAL FEE		
Total Independent	Minus	. 70	= / 7	X\$ 9=		OR	X\$18=	OA		
~ <del></del>	4 Minus	··· 4		X39=		OR	χυ ×70=	1, -		
THIST PRESENTATIO	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									
				+130=	<u>                                     </u>	OR	+260=	· · ·		
				TOTAL ADDIT. FEE		OR A	TOTAL!			
	imn 1) AIMS PARTOCK 2-9			•						
O REMA	INING TER	HIGHEST NUMBER	PRESENT		ADDI-			ADDI-		
AMEN	DMENT	PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE.		
Total • Total • Independent •	5 Minus	10	=	X\$ 9=		OR	X\$18=	90		
independent •	Minus	··· 4	=	X39=		-	x78_6	10		
FIRST PRESENTATIO	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					OR	X./8≅	172		
* If the onterior and an artist				+130=		OR	+260=			
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE										
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										